

Attorney's Docket No. 1576.77**PATENT**

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

☒ original☐ design☐ supplementalNOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.☒ national stage of PCT

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.

☐ divisional☐ continuation☐ continuation-in-part (C-I-P)**INVENTORSHIP IDENTIFICATION****WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an
original, first and joint inventor (if plural names are listed below) of the subject matter which
is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTIONCURATIVES FOR EPOXY RESIN, CURING ACCELERATOR, AND EXPOY RESIN COMPOSITION**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

(a) ☒ is attached hereto.(b) ☐ was filed on _____ as ☐ Serial No. 0 / _____
or ☐ Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

- ☐ which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following items, if desired)

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.

- (e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Japan	358518/1996	27 12 96	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
Japan	22040/1997	21 01 97	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
Japan	123964/1997	14 05 97	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
Japan	177468/1997	02 07 97	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Joseph C. Mason, Jr.
#20,153

Dennis G. LaPointe
#40,693

Joseph R. Englander
#38,871

(check the following item, if applicable)

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

(Declaration and Power of Attorney [1-1]—page 3 of 5)

SEND CORRESPONDENCE TO

Joseph C. Mason, Jr.
Mason & Associates, P.A.
17757 U.S. Hwy 19 North, Suite 500
Clearwater, FL 33764

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Joseph C. Mason, Jr.
(727) 538-3800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

Hiroshi

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

SUZUKI

FAMILY (OR LAST NAME)

Inventor's signature Hiroshi Suzuki

Date June 9, 1999

Country of Citizenship Japan

Residence 1-504 Neostage-Oyumino 281-3 Ariyoshi-cho Midori-ku

Post Office Address Chiba 266-0012 JAPAN JPK

Post Office Address Same as above

Full name of second joint inventor, if any

Satoru

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

ABE

FAMILY (OR LAST NAME)

Inventor's signature Satoru Abe

Date June 9, 1999

Country of Citizenship Japan

Residence 2-4 Yushudaihigashi Ichihara Chiba 299-0124 JAPAN

Post Office Address Same as above

(Declaration and Power of Attorney [1-1]—page 4 of 5)

Full name of third joint inventor, if any

Izuo
(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

AOKI
FAMILY (OR LAST NAME)

Inventor's signature

Izuo AOKI deceased on January 7, 1999 By: Mrs. Midori AOKI Widow and
Date June 9, 1999 Country of Citizenship

Legal
Representative

Residence

Post Office Address

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

☐ Signature for fourth and subsequent joint inventors. Number of pages added

* * *

☒ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added 1

* * *

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added

* * *

☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).

* * *

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages added

* * *

☐ Authorization of attorney(s) to accept and follow instructions from representative.

* * *

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item:)

☐ This declaration ends with this page.

(Declaration and Power of Attorney [1-1]—page 5 of 5)

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**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

I, Midori AOKI
(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)
hereby declare that I am a citizen of JAPAN
residing at 1348-4 Goi Ichihara-shi Chiba 290-0056 JAPAN

and that I am executing and signing the declaration to which this is attached as
(check one):

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☒ legal representative (or heirs) of

Izuo AOKI
Full name of (first, second etc.) deceased or incapacitated inventor
JAPAN

Country of citizenship of deceased or incapacitated inventor
1348-4 Goi Ichihara-shi Chiba 290-0056 JAPAN
Residence of deceased or incapacitated inventor

Post Office Address of deceased or incapacitated inventor
Same as above

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.
Date: June 9, 1999

MIDORI AOKI
Signature of administrator(trix), executor(trix)
legal representative (or all heirs)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])